

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency, code agency subelement and submitting office number (Example-xx-xx-xxx)		01		B. OFFICE USE ONLY					
										C. Request status (Mark (X) one)		02	
										Initial or Resubmission		Correction or Cancellation	
Section A - TRAINEE INFORMATION													
1. Applicant's name (Last-First-Middle Initial)				Enter first 5 letters of last name		03		2. Social Security Number		04			
										3. Date of birth (Year and month)			
										(Example - born January 14, 1943 shown as 43/01)			
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone				6. Position level (Mark (X) one only)					
				Area code		Number				a. Non-supervisory			
										c. Manager			
										d. Executive			
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office telephone				9. Continuous Service		10. Number of prior non-government training days			
				Area Code		Number		Extension		Years			
										Months			
11a. Position title/function			11b Applicant handicapped or disabled (See instructions)						12. Pay plan / series / grade / step		13. Type of appointment		
											14. Education level		
Section B - TRAINING COURSE DATA													
15a. Name and mailing address of training vendor (No., street, city, State, ZIP)						15b. Location of training site (If same, mark box) -----> <input type="checkbox"/>							
16. Course title and training objectives (Benefits to be derived by the Government)													
17. Catalog/Course No.		18. Training Period (6 digits)			06		19. No. of course hours (4 digits)		07			20. Training codes (See instructions)	
		Yr		Mo		Day		a. During duty				Code	
a. Start								b. Non-duty				08 c. Source	
b. Complete								c. TOTAL				09 d. Special interest	
												10	
												11	
AGENCY USE ONLY													
Section C - ESTIMATED COSTS AND BILLING INFORMATION						Section D - APPROVALS							
21. Direct costs and appropriation / fund chargeable						26a. Immediate supervisor - Name & title						Area code/Tel. No./Extension	
Item		Amount		Appropriation / fund									
		Dollars	Cents										
a. Tuition						b. Signature						Date	
b. Books													
c. Other (Specify)													
d. (Enter 4 digits in Dollar column TOTAL													
22. Indirect costs and appropriation / fund chargeable						27a. Second-line supervisor - Name & title						Area code/Tel. No./Extension	
Item		Amount		Appropriation / fund									
		Dollars	Cents										
a. Travel													
b. Per diem													
c. Other (Specify)													
d. (Enter 4 digits in Dollar column TOTAL													
23. Document / Purchasing Order / Requisition No.						28a Training officer - Name & title						Area code/Tel. No./Extension	
						b. Signature						Date	
24. 8 - Digit station symbol (Example - 12-34-5678) ----->													
25. BILLING INSTRUCTIONS (Furnish invoice to):						Section E - APPROVALS / CONCURRENCE							
						29a. Authorizing official - Name & title						Area code/Tel. No./Extension	
						b. Signature						Date	
						Section F - CERTIFICATION OR TRAINING COMPLETION							
						29a. Authorizing official - Name & title						Area code/Tel. No./Extension	
						b. Signature						Date	
TRAINING FACILITY → Bills should be sent to office indicated in item 25 □ Please refer to number given in item 23 to assure prompt payment.													

REQUEST, AUTHORIZATION, AND CERTIFICATION OF TRAINING				A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx)		01		B. OFFICE USE ONLY						
						C. Request status (Mark (X) one)		02						
						Initial or Resubmission		Correction or Cancellation						
Section A-TRAINEE INFORMATION														
1. Applicant's name (Last-First-Middle Initial)				Enter first 5 letters of last name	03		2. Social Security Number		04		3. Date of birth (Year and month)		05	
4. Home address (Number, street, city, State, ZIP code)				Area code : Number		5. Home telephone		6. Position level (Mark (X) one only)						
								a. Non-supervisory c. Manager b. Supervisory d. Executive						
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				Area code : Number : Extension		8. Office telephone		9. Continuous civilian service		10. Number of prior non-government training days				
								Years : Months						
11a. Position title/function			11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan/series/grade/step			13. Type of appointment		14. Education Level				
Section B-TRAINING COURSE DATA														
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)						15b. Location of training site (If same, mark box)								
16. Course title and training objectives (Benefits to be derived by the Government)														
17. Catalog/Course No.		18. Training Period (6 digits)		06		19. No. of course hours (4 digits)		07		20. Training codes (See instructions)				
		Year	Month	Day	a. During duty				a. Purpose		Code			
a. Start					b. Non-duty				a. Purpose		08			
b. Complete					c. TOTAL ➤				b. Type		09			
									c. Source		Code			
									d. Special Interest		10			
											11			
Section C — TERMINATION AND EVALUATION DATA (To be completed by Trainee)														
21. Course was completed				22. Actual course dates (Month/day/year)				23. Actual course hours		24. Academic grade/score				
a. <input type="checkbox"/> YES				a. Commenced				b. Completed						
NO — Return this form with a memo explaining				Month	Day	Year	Month	Day	Year					
25. All sessions were attended														
a. <input type="checkbox"/> YES														
b. <input type="checkbox"/> NO — Explain														
AREAS OF EVALUATION										Rating				
(Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)										A	B	C		
26.	State objective accomplished	A = Yes		B = Partially		C = No								
27.	Coverage of subject matter	A = Excellent		B = Sufficient		C = Poor								
28.	Organization of subject matter	A = Well organized		B = Adequate		C = Poorly organized								
29.	Suitability of instructional materials	A = Excellent		B = Adequate		C = Poor								
30.	Level of difficulty	A = Too advanced		B = Appropriate		C = Too elementary								
31.	Length of course	A = Too long		B = Appropriate		C = Too short								
32.	Amount of outside or evening work	A = Too much		B = Appropriate		C = Insufficient								
33.	Effectiveness of instructors	A = Excellent		B = Good		C = Poor								
34.	Applicability of subject matter to the job	A = Significant		B = Adequate		C = Insignificant								
35.	Facilities	A = Excellent		B = Good		C = Poor								
36.	Recommendation to colleagues	A = Highly recommend		B = Recommend		C = Not recommended								
37.	Meet career development plans	A = Yes		B = No		C = Not applicable								

Section C — TERMINATION AND EVALUATION DATA (To be completed by Trainee) — Continued

38. Comments on strong points of course

39. Comments on points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

Section D — SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee? a. ☐ YES b. ☐ NO

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional Comments

48. Signature of supervisor

Date

PERSONNEL USE ONLY